

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(312) 556-5463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____			
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* * *		* * *			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/	51	/	/	/		
2	/	/	/	/	/	52	/	/	/		
3	/	/	/	/	/	53	/	/	/		
4	/	/	/	/	/	54	/	/	/		
5	3	/	/	/	/	55	/	/	/		
6	17	/	/	/	/	56	/	/	/		
7	1	/	/	/	/	57	/	/	/		
8	10	/	/	/	/	58	/	/	/		
9	10	/	/	/	/	59	/	/	/		
10	10	/	/	/	/	60	/	/	/		
11	0	/	/	/	/	61	/	/	/		
12	0	/	/	/	/	62	/	/	/		
13	0	/	/	/	/	63	/	/	/		
14	0	/	/	/	/	64	/	/	/		
15	0	/	/	/	/	65	/	/	/		
16	/	/	/	/	/	66	/	/	/		
17	/	/	/	/	/	67	/	/	/		
18	/	/	/	/	/	68	/	/	/		
19	/	/	/	/	/	69	/	/	/		
20	/	/	/	/	/	70	/	/	/		
21	/	/	/	/	/	71	/	/	/		
22	/	/	/	/	/	72	/	/	/		
23	/	/	/	/	/	73	/	/	/		
24	/	/	/	/	/	74	/	/	/		
25	/	/	/	/	/	75	/	/	/		
26	/	/	/	/	/	76	/	/	/		
27	/	/	/	/	/	77	/	/	/		
28	/	/	/	/	/	78	/	/	/		
29	/	/	/	/	/	79	/	/	/		
30	/	/	/	/	/	80	/	/	/		
31	/	/	/	/	/	81	/	/	/		
32	/	/	/	/	/	82	/	/	/		
33	/	/	/	/	/	83	/	/	/		
34	/	/	/	/	/	84	/	/	/		
35	/	/	/	/	/	85	/	/	/		
36	/	/	/	/	/	86	/	/	/		
37	/	/	/	/	/	87	/	/	/		
38	/	/	/	/	/	88	/	/	/		
39	/	/	/	/	/	89	/	/	/		
40	/	/	/	/	/	90	/	/	/		
41	/	/	/	/	/	91	/	/	/		
42	/	/	/	/	/	92	/	/	/		
43	/	/	/	/	/	93	/	/	/		
44	/	/	/	/	/	94	/	/	/		
45	/	/	/	/	/	95	/	/	/		
46	/	/	/	/	/	96	/	/	/		
47	/	/	/	/	/	97	/	/	/		
48	/	/	/	/	/	98	/	/	/		
49	/	/	/	/	/	99	/	/	/		
50	/	/	/	/	/	100	/	/	/		
TOTAL IND.	1	/	/	/	/	TOTAL DEP.	/	/	/		
TOTAL CLAIMS	1	/	/	/	/	TOTAL CLAIMS	/	/	/		